

ESTABLISHMENT OF RIGHT OF ASSIGNEE TO TAKE ACTION  
AND  
REVOCATION AND POWER OF ATTORNEY

To the Commissioner of Patents and Trademarks:

The undersigned is empowered to act on behalf of the assignee indicated below (the "Assignee"). The original assignment of the attached application for Letters Patent for the invention in \_\_\_\_\_

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\_\_\_\_\_ from the inventors to the Assignee is being submitted herewith for recordation by the Assignment Branch. A true copy of this Assignment is attached hereto. This Assignment represents the entire chain of title of this invention from the Inventor(s) to the Assignee. I have reviewed this Assignment, and to the best of the Assignee's knowledge and belief, the Assignee is the owner of the entire right, title, and interest in the above-referenced application.

I declare that all statements made herein of my own knowledge are true, and that all statements made upon information and belief are believed to be true, and further, that these statements were made with the knowledge that willful, false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that willful, false statements may jeopardize the validity of the application, or any patent issuing thereon.

The undersigned hereby revokes any previous powers of attorney in the subject application, and hereby appoints the registrants of Knobbe, Martens, Olson & Bear, LLP, 2040 Main Street, Fourteenth Floor, Irvine, California 92614, Telephone (949) 760-0404, Customer No. 20,995, as its attorneys with full power of substitution and revocation to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith. This appointment is to be to the exclusion of the inventor(s) and his attorney(s) in accordance with the provisions of 37 C.F.R. § 3.71.

Please use Customer No. 20,995 for all communications.

Assignee: The Walter and Eliza Hall Institute of Medical Research

X By: Michiyo Matsuda

X Title: Business Development Officer

Address: 1G Royal Parade, Parkville, Victoria 3052, Australia

\_\_\_\_\_

\_\_\_\_\_

X Dated: 30 day of January, 2006

## DECLARATION - USA PATENT APPLICATION

# 4

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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the specification of which:

- (a) ☐ is attached hereto; or
- (b) ☐ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ or Express Mail No. \_\_\_\_\_, as Application No. not yet known \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable); or
- (c) ☒ was described and claimed in PCT International Application No. PCT/AU2003/001664 filed on 12 December 2003 and as amended under PCT Article 19 on \_\_\_\_\_ (if any) and/or under PCT Article 34 on \_\_\_\_\_ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56;

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent, design or inventor's certificate or any PCT international application(s) listed below and have also identified below any foreign application(s) for patent, design or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed for the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 U.S.C. § 119	
Australia	2002953341	13 December 2002	<input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>

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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S.A. Application(s)

Application No.: PCT/AU2003/001664 Filing Date: 12 December 2003 Status: \_\_\_\_\_  
Application No.: \_\_\_\_\_ Filing Date: \_\_\_\_\_ Status: \_\_\_\_\_  
Application No.: \_\_\_\_\_ Filing Date: \_\_\_\_\_ Status: \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Monisola OLAYIOYE

Inventor's signature: M. Olayoye

Day 20 Month January Year 2006

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Full name of second inventor: Jane VISVADER

Inventor's signature: J. Visvader

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Citizenship: Australia

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3-00  
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Full name of fifth inventor: Thomas POMORSKI

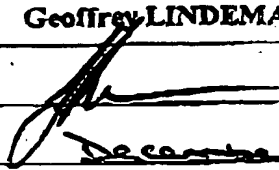
x Inventor's signature \_\_\_\_\_  
x Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Residence (city and country): Berlin, Germany

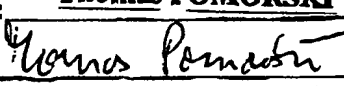
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